

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059612

FILED
Apr 29, 2004
Secretary of State

Entity Name: EVERYTHING \$1.99, INC.

Current Principal Place of Business:

4925 CASON COVE DR., #424
ORLANDO, FL 32811

New Principal Place of Business:

6550 INTERNATIONAL DRIVE
104
ORLANDO, FL 32819

Current Mailing Address:

4925 CASON COVE DR., #424
ORLANDO, FL 32811

New Mailing Address:

5215 FLYING EAGLE LANE
KISSIMMEE, FL 34746

FEI Number: 02-0606667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSARI, SAIMA N
4925 CASON COVE DR., #424
ORLANDO, FL 32811

Name and Address of New Registered Agent:

ANSARI, SAIMA N
5215 FLYING EAGLE LANE
KISSIMMEE, FL 34746

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAIMA ANSARI

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANSARI, SAIMA N
Address: 4925 CASON COVE DR., #424
City-St-Zip: ORLANDO, FL 32811

Title: P () Delete
Name: ANSARI, AFRAZ U
Address: 4925 CASON COVE DR., #424
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANSARI, SAIMA N
Address: 5215 FLYING EAGLE LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: P (X) Change () Addition
Name: ANSARI, AFRAZ U
Address: 5215 FLYING EAGLE LANE
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAIMA ANSARI

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date